



**TOWN OF BLUFFTON**  
**BUILDING PERMIT APPLICATION**  
**ENGINEER OF RECORD CERTIFICATION FORM**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843) 706-4522  
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[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

**Engineer of Record Certification Form**  
**Required at Permit Submittal with Plans**

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

**Project Description**

**Certification**

The undersigned certifies that he/she is the structural Engineer of Record for the above project and is solely responsible for its structural design. This design is only applicable for the above residence and shall not be reused in part, or whole, for any other project without written approval. Also, any structural changes or additions to the above project during construction shall not be approved without the endorsement of the Engineer of Record.

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature of Engineer of Record**

\_\_\_\_\_  
**Date**

**(Engineer's PE Stamp)**